

(1) PLACE OF BIRTH

County of AbbevilleTownship of Smithville

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

26811

Registration District No. 11.0 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Wayman Coleman

is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sep 3 1923(8) FATHER. (9) FULL NAME Wayman Coleman (10) PRESENT POSTOFFICE OF FATHER Verden S.C.(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 37 (13) BIRTHPLACE Abbeville S.C.(14) OCCUPATION Farmer(15) MOTHER. (16) NAME BEFORE MARRIAGE Hattie Coleman (17) PRESENT POSTOFFICE OF MOTHER Verden S.C.(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 31 (20) BIRTHPLACE Abbeville(21) OCCUPATION Housewife(22) Number of children born to mother, including present birth 9 (23) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(24) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (25) (Signature) Wm. J. J. J. (26) State whether Physician or Midwife (27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness (29) Filed Sep 15 1923 R. B. Jones Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.